

STATE OF ARIZONA  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

STATE FILE NO. 15-000101

AMENDMENT TO VITAL RECORD

|                                                    |                                                                                                                                                                                                                                |                                                                                                                 |                                           |                                  |                                 |                                                                             |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------------------------------------|
| IDENTIFICATION<br>REGISTRANT<br>AND EVENT          | NAME OF REGISTRANT<br>A. FIRST Jane B. MIDDLE Yaka C. LAST Milardovich                                                                                                                                                         |                                                                                                                 |                                           | DATE OF EVENT<br>2. July 2, 1915 |                                 | <input checked="" type="checkbox"/> BIRTH<br><input type="checkbox"/> DEATH |
|                                                    | PLACE OF EVENT<br>A. INSTITUTION OR STREET ADDRESS B. TOWN OR CITY Globe C. COUNTY Gila D. STATE ARIZONA                                                                                                                       |                                                                                                                 |                                           |                                  |                                 |                                                                             |
| DATA<br>TO BE<br>CHANGED<br>(ITEM 4)               | A. ITEM NO. AND IDENTIFICATION                                                                                                                                                                                                 |                                                                                                                 | B. ITEM APPEARS BEFORE AMENDMENT          |                                  | C. ITEM APPEARS AFTER AMENDMENT |                                                                             |
|                                                    | 1                                                                                                                                                                                                                              | Full Name of Child                                                                                              | Martha Milardovich                        |                                  | Jane Yaka Milardovich           |                                                                             |
|                                                    | 2                                                                                                                                                                                                                              |                                                                                                                 |                                           |                                  |                                 |                                                                             |
|                                                    | 3                                                                                                                                                                                                                              |                                                                                                                 |                                           |                                  |                                 |                                                                             |
|                                                    | 4                                                                                                                                                                                                                              |                                                                                                                 |                                           |                                  |                                 |                                                                             |
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|                                                    | 8                                                                                                                                                                                                                              |                                                                                                                 |                                           |                                  |                                 |                                                                             |
|                                                    | 9                                                                                                                                                                                                                              |                                                                                                                 |                                           |                                  |                                 |                                                                             |
| ABSTRACT OF DOCUMENTARY EVIDENCE                   |                                                                                                                                                                                                                                |                                                                                                                 |                                           |                                  |                                 |                                                                             |
| ABSTRACT OF<br>DOCUMENTARY<br>EVIDENCE<br>(ITEM 5) | 1.                                                                                                                                                                                                                             | TYPE OF DOCUMENT Affidavit to Correct Vital Record Signed<br>SUPPORTS THE FOLLOWING CLAIMS: by Registrant.      |                                           | DATE ESTABLISHED 8-18-77         |                                 |                                                                             |
|                                                    |                                                                                                                                                                                                                                | Supports Claim in Column C.                                                                                     |                                           |                                  |                                 |                                                                             |
|                                                    | 2.                                                                                                                                                                                                                             | TYPE OF DOCUMENT Certificate of Baptism, Holy Angels'<br>SUPPORTS THE FOLLOWING CLAIMS: Church, Globe, Arizona. |                                           | DATE ESTABLISHED 8-1-15          |                                 |                                                                             |
|                                                    |                                                                                                                                                                                                                                | Supports Claim in Column C.                                                                                     |                                           |                                  |                                 |                                                                             |
| 3.                                                 | TYPE OF DOCUMENT<br>SUPPORTS THE FOLLOWING CLAIMS:                                                                                                                                                                             |                                                                                                                 | DATE ESTABLISHED                          |                                  |                                 |                                                                             |
| FOR STATE<br>REGISTRAR USE<br>ONLY                 | SUPPLEMENTARY ENTRIES                                                                                                                                                                                                          |                                                                                                                 |                                           |                                  |                                 |                                                                             |
| STATE<br>REGISTRAR'S<br>CERTIFICATION              | 7. THE VITAL RECORD IDENTIFIED ABOVE HAS BEEN AMENDED ACCORDING TO THE LAWS OF THIS STATE AND REGULATIONS OF THE STATE DEPARTMENT OF HEALTH. DOCUMENTARY EVIDENCE HAS BEEN REVIEWED WHICH SUBSTANTIATES THE CHANGES SET FORTH. |                                                                                                                 |                                           |                                  |                                 |                                                                             |
|                                                    | DATE AMENDED<br>11-1-77                                                                                                                                                                                                        | AMENDMENT NO.<br>S77-911                                                                                        | REGISTRAR'S SIGNATURE<br>Michael B. Rambo |                                  | TITLE ASSISTANT STATE REGISTRAR |                                                                             |